

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
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50							
TOTAL IND.	2		↓		↓		↓
TOTAL DEP.	40	←		←		←	
TOTAL CLAIMS	42	[REDACTED]		[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL IND.			←		←		←
TOTAL CLAIMS			[REDACTED]		[REDACTED]		[REDACTED]